Safety Network Project

The Safety Network Project Newsletter

Volume 1, Number 1 Summer 1996

An Injecting Drug User Outreach Project

What Is The Safety Network Project?

The Safety Network Project (SNP) is an Injecting Drug User (IDU) outreach effort dedicated to reducing the harm associated with the addiction. Shooting and sharing are associated with the spread of HIV, HEP B and C, as well as other health problems. Our primary focus is to identify the communities and individuals affected and aid in locating resources.

The delivery vehicles employed are bleach kit distribution, education, focus groups, and the application of surveys which will aid in painting an accurate demographic picture of neighborhoods affected.

It is our hope that SNP can be a service to **our community** by getting to know **our community** and its needs.

It is the word community that, many times, the IDU feels left out of... SNP is dedicated to the notion that all people are part of the community and can play a productive, positive roll in it. Many other communities across the county are embracing these type of projects that reduce harm in the IDU culture. It is also our hope that we are successful in carrying the message of safety and harm reduction to the affected communities and those that need resources the most.

So please be safe, stay healthy and, if you must share...use bleach.

Have a good, safe day!

"Harm Reduction 101"

The following article is contributed by the Harm Reduction Coalition, Oakland, California.

Harm Reduction: An Introduction

Harm Reduction is a set of strategies that encourages substance users and service providers to reduce the harm done by licit and illicit drug use. In supporting substance users in gaining access to tools to improve their health and lifestyles, we recognize their competency to protect and help themselves, their loved ones and their communities.

The theory of harm reduction emerges out of community-based, public health interventions that support substance users and their communities in reducing drug-related harm. It challenges the traditional social service provision and moral/criminal/disease models of drug use by focusing on maximizing individual and commu-

see Harm, page 2

Harm, from page 1
nity health through participation and ownership rather than repression and incarceration. Harm reduction identifies the practices and beliefs which endanger individuals and communities, and works in a collaborative and non-judgmental manner. Practitioners of harm reduction distinguish themselves from other service providers by their willingness to engage with all people, regardless of personal values, and to face with them the harm done to and by them.

Statement of Need

There are more than 100,000 reported cases of AIDS amongst injecting drug users (IDUs) in the United States, a great many more infected with HIV, and an increasing number of HIV infections among sexual partners and children of IDUs. In addition to HIV, other drug-related harm includes: tuberculosis, hepatitis and other infectious disease and life-threatening illness, drug-related violence and death, including overdose, domestic abuse, auto accidents, and street violence; and drugs used in life-threatening combinations.

The spread of HIV and harmful drug use are symptoms of the underlying epidemics of inequity of opportunity, poverty, homelessness, violence, community disintegration, racism, despair and alienation. These and other economic and social conditions surround individual and community experience with drug use.

Lack of Resources

Drug-related harm is exacerbated by the lack of accessible, culturally appropriate, respectful HIV education, drug education and treatment, social and health assistance and basic resources. Currently there are an estimated 2.8 million users of illicit drugs in the United States in want of an available 600,000 drug treatment slots. While all users are not in want or need of drug treatment, many of those who are get turned away due to relapse, lack of funds, or general "non-compliance." In addition to the scarcity and condition of services for drug users, many users are further isolated by the punitive, repressive, inhumane environment of many drug treatment facilities.

Misdirected Priorities

The scarcity of drug treatment is a direct consequence of the "War on Drugs" and subsequent political climate: the United States spends 65% of its drug intervention dollars on incarceration and prosecution, and a mere 35% on education, prevention, research and treatment combined. Many of the drug users for whom treatment is not an option become one of the 30% of men and 33% of women in prison for drug violations. The impact of this hits hardest those individuals and communities most mistreated by society. While illicit drug use is roughly proportionately distributed across white, African American and Latino/a populations, African Americans and Latinos/as comprise approximately 75% of men and women incarcerated for drug use, despite making up only 20% of the total U.S. population.

What Harm Reduction Is

Harm reduction locates drug use on a continuum of the use and abuse of legal, illegal and prescription drugs. Rather than perpetuating the "all or nothing" approach to drug use intervention, harm reduction accepts drug use as a fact of life and acknowledges its role as a mechanism for coping with the consequences of the previously mentioned social problems. As is consistent with this philosophy, harm reduction does not remove a person's primary coping mechanisms until others are in place. It starts wherever a person is at, and then moves at the pace of the individual.

Harm reduction recognizes harm to be multidimensional—harm to the self, loved ones, and the community. In its work, harm reduction seeks to address both the range and the depth of harm through a combination of practical, direct services and longer term humanitarian goals. Central to harm reduction philosophy is the addressing of an individual's immediate needs, such as: sterile drug using equipment; safer sex tools; non-judgmental, accessible and culturally specific drug treatment; HIV pre- and post-test education and counseling; food and shelter; and traditional and alternative medical care and mental health treatment.

Simultaneously, harm reduction supports individuals in being competent and responsible in their entire lives, including but not limited to their drug using and sexual behavior. In order to achieve these goals,

harm reduction supports non-punitive responses where mutual support and accountability exist between the individuals and communities in which they live.

While harm reduction emerged out of drug specific interventions, the philosophy and strategies of harm reduction are applicable to a variety of social welfare and public health issues, particularly those largely affecting marginalized individuals and communities. Both within and outside of the HRC, harm reduction is expanding into many fields and issues, including safer sexual behavior, violence, psychology, sociology, medicine and education.

Basic Tenets of Harm Reduction

Harm Reduction:

- Recognizes the intrinsic value and dignity of all human beings.
- Seeks to maximize social and health assistance, disease prevention, and education, while minimizing repressive and punitive measures.
- Recognizes the right for comprehensive, non-judgmental medical and social services for and the fulfillment of the basic needs of all individuals and communities, including users, their loved ones and the communities affected by drug use.
- Emphasizes the necessity for a comprehensive approach to drug use that addresses the isolation, survival needs and drug use of the user.
- Does not judge licit and illicit drug use as good or bad, rather it looks at people's relationship to drugs, and emphasizes the reduction of drug-related harm while encouraging safer drug use.
- Recognizes the competency of users to make choices and changes in their lives.
- Provides options in a non-judgmental, non-coercive way.
- Demands that the individuals and communities affected by drug use be involved in the creation and implementation of harm reduction interventions.
- Recognizes the diversity of users and drug use, and the necessity for outreach and services that reflect every user's needs.
- Expects accessible, non-judgmental drug treatment upon demand.
- Supports legal syringe exchange and accessible sterile drug using and safer sex equipment.
- Challenges current drug policy and its consequences, such as misrepresentations of drug users and misinformation about drug use.

Earn $

Currently the Safety Network Project is conducting a survey that will construct a demographic picture of the IDU community. If you are an IDU, a sexual partner of an IDU or on the Methadone Program, you are eligible. We pay $10 per survey.

For more information, please contact the Safety Network Project at 339-5409.

The Harm Reduction Coalition may be contacted at:

3223 Lakeshore Ave.
Oakland, CA 94610
(510) 444-6969

Feel free to call the safety Network Project at 339-5409.

Intervention: Beyond "Just Say No"

There is a hierarchy for intervention in disease transmission for drug users. The message should be as follows:

1. Don't use. If that fails...
2. Enter drug treatment. If that fails...
3. Use drugs in other ways besides injecting. If that fails...
4. If injecting, use a sterile needle. If that fails...
5. Don't share rig, drugs, cookers. If that fails...
6. If you share, always use bleach.

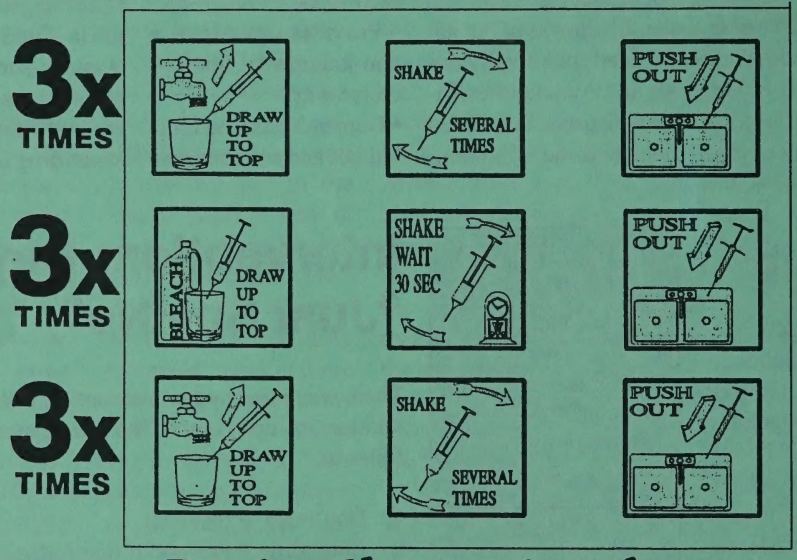
Notes from "In the Eye of the Needle: Needle Exchange and Pharmacy Based Programs" presented by Peter Lurie, M.D., M.P.H., at the Eleventh Annual Rocky Mountain Regional Conference on HIV Disease, 2/2/96.

The Bleach Kit

Currently Safety Network Project Bleach Kits contain the following:

- 1 2 oz. bottle of household bleach
- 1 2 oz. bottle of water
- 1 cotton ball
- 1 alcohol pad
- 2 condoms
- 1 tube of personal lubricant
- 1 instruction card
- 1 SNP business card (for your wallet)

CLEAN WORKS



Don't Share Anything

We realize that instructions can be confusing and seem to change all the time...just remember to rinse with water 3 times, clean with bleach 3 times (holding each time for 30 seconds), and repeat with clean water 3 times. Do not reuse water or bleach; discard liquid after each rinse and clean. Stay safe!

Safety Network Project 339-5409